Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5th Grade Science Safety Contract**

Accidents happen every day in many activities. Few accidents have occurred in the science classroom. However, in order to decrease the chances of any accidents occurring, I promise to:

* Prepare for all activities by listening to directions and making sure I understand them before I start. I will work only at my assigned station.
* Care for equipment by handling objects carefully. I will not eat, drink, or taste anything in science class. This includes food and drink as well as other items. I will use my science materials only for science activities. I will not play with things like rubber bands, paper clips, or powders.
* Wait until I receive my teacher’s permission to begin an activity. I will do each step in order and I will not try unknown things.
* Be as quiet and calm as possible while conducting activities in the science classroom.
* Explore carefully by using the senses of touch, smell, sight, and hearing. When using powders, I will try not to make dust because someone might breathe it. I will try not to touch my eyes when I am working, in case there is something on my hands that should not get into my eyes.
* Keep careful records by recording my observations through writings or drawings on my record sheets.
* Follow all additional safety rules.
* Clean up afterwards by putting away my equipment and washing my hands and my workspace.
* Report any injuries or accidents to my teacher immediately.

OVER =>

I have read and have had these science classroom safety rules explained to me and agree to follow them while in science class. I also agree to follow all other written and verbal instructions given in science class to ensure a safe classroom environment.

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I have read this Safety Contract and understand what is expected of my child during science laboratory activities.

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**